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ANALYSIS OF TWENTY-FOUR CASES OF RUBEOLA.

[Communicated for the Boston Medical and Surgical Journal.]

TWENTY-FIVE cases of rubeola occurred between the 25th of May and the 10th of July, at the military hospital, Poinsett Barracks, located near this city, then under my charge. The subjects were all adults (soldiers), and, excepting one individual, who contracted the disease in the hospital wards where he had been suffering for 36 days with a severe catarrhal affection, they were all in good health when seized with the disease. In all the cases recovery took place; and, with the exception of three who were just sufficiently convalescent to be discharged from the hospital on the 10th of July, when I was relieved of its charge, and one who remained with ophthalmia, all had returned to the performance of their military duties.

Considering the comparative infrequency of the disease in adults, and the fact that these patients, being in health when attacked with it, were all of them affected within a short space of time, under similar circumstances of situation, &c., and subjected to similar regulations and principles of treatment, I have thought that a comparison of the symptoms might possess some interest, and, perhaps, conduce in some measure towards establishing the history of the disease as derived from this method of examination.

The prominent symptoms were daily recorded at the morning visit; but not having this plan in view while the cases were in progress, I have occasion now to regret my inability to make a numerical arrangement so complete and satisfactory as might have been done. Many symptoms, it will be perceived, have no mention made of them in some of the cases. It is to be remarked, in general, when this is the case, it is to be inferred that they were either absent entirely or possessed very little prominence. Some points, also, which may perhaps be deemed important, are, from the imperfection of the daily records, omitted entirely—for example, the *alvine discharges*. In some of the cases, the number and character of the dejections were recorded, but in others they were not mentioned. In no case, however, did there occur diarrhoea sufficient to require any attention or medical treatment, which, by some authors, is mentioned as common in the progress of this disease.

The situation of the barracks is a mile from the city, on an elevated position, and in every respect a healthful locality. The building appropriated for a hospital is tolerably commodious. Every provision exists

for the careful attendance and general welfare of the sick ; and cleanliness, in every respect, is rigidly enforced.

The diet regulations of the rubeola patients were uniform. Arrow-root, with a little milk, and tea, were allowed from the commencement. They were also permitted to have, as soon as they desired it, bread, rice, and mush ; and when convalescence was established, meat in broth and substance.

It was found impracticable to ascertain the period which elapsed between exposure to the contagion, and the appearance of the disease.

As the subject may not be deemed sufficiently important to occupy any larger space in your Journal than is absolutely necessary for a brief statement of the facts, I shall confine myself to these, as represented in the following arrangement, leaving any considerations which may be deduced to be inferred by the reader.

The single case alluded to above, in which the patient was not in health when attacked with the disease, is rejected, leaving the number of cases comprised in the analysis *twenty-four*.

Of these cases the appearance of the eruption was preceded by catarrh for four days, in 10 cases ; for five days, in 3 cases ; for three days, in 2 cases ; for two days, in 2 cases ; for one day, in 1 case.

It was preceded by paroxysm of intermittent fever, the patients being subject to this disease, in 3 cases ; by chills, in 1 case ; by ophthalmia 4 days, in 1 case. Previous symptoms not recorded, in 5 cases.

Pain in Loins and Extremities.—This symptom was present, in 13 cases ; it was recorded absent, in 8 cases ; it was recorded slight, in 5 cases ; it was not mentioned, in 3 cases.

Pain in the Head.—This symptom was present, in 16 cases ; it was absent, in 7 cases ; it was recorded slight, in 10 cases ; it was not mentioned, in 1 case.

Nausea.—This was recorded present, in 4 cases ; it was not mentioned, in the other cases.

Feeling of Debility and Lassitude, was recorded present, in 15 cases ; it was a prominent symptom, in 3 cases ; recorded slight, in 2 cases ; not mentioned, in 9 cases.

Eyes.—There existed tenderness, without vascular injection, in 10 cases ; great irritability and intolerance of light, in 1 case ; vascular injection existed in 6 cases. In all of these, with one exception, the inflammation subsided when the patient was convalescent. In this patient the ophthalmia preceded the eruption four days. The condition of the eyes was not mentioned in 9 cases.

Eruption, is recorded copious and vivid, in 19 cases ; moderate, in 4 cases ; slight and faint, in 1 case.

Tumefaction of Face, existed in 7 cases ; it was slight, in 2 cases.

Soreness of Throat.—Recorded present, in 12 cases ; do. absent, in 3 cases ; do. slight, in 5 cases ; not mentioned, in 9 cases.

Hoarseness or huskiness of Voice.—This was present, in 19 cases ; recorded absent, in 2 cases ; not mentioned, in 3 cases. In two cases where hoarseness was absent, soreness of throat existed ; and in one

case where hoarseness existed, the patient did not complain of soreness. It was recorded slight, in 5 cases; do. extreme, in 6 cases.

Desquamation of Cuticle on the Face.—Recorded manifest 3d day after the appearance of the eruption, in 1 case; do. 4th day, in 3 cases; do. 5th day, in 4 cases; do. 6th day, in 1 case; not mentioned, in 15 cases. In these cases it did not occur, or was so slight as not to be manifest.

Catarrhal Symptoms, were present in all of the cases. They were severe, in 12 cases; moderate, in 9 cases; slight, in 3 cases.

Pain in Chest.—Present, in 4 cases. In no case was this a prominent symptom.

Pulse, was much accelerated, in 1 case; moderately accelerated, in 17 cases; slightly accelerated, in 2 cases; unaffected, in 1 case; not mentioned, in 3 cases. It is recorded full, in 2 cases; do. *not full*, in 5 cases; hard, in 0 case; *not hard*, in 5 cases. It is recorded tense, in 3 cases; small, in 1 case; characters other than frequency, not mentioned, in 9 cases.

Skin, is recorded moist, in 13 cases; dry, in 3 cases; hot, in 2 cases; tender to touch, in 1 case; natural, in 1 case; not mentioned, in 7 cases.

Tongue, is recorded coated partially, some portions glazed, afterwards clean, and having a raw appearance, in 1 case; furred, afterwards coated, in 2 cases; furred at root, clean at edges and tip, in 1 case; coated, with red points protruding, in 2 cases; furred, afterwards coated in some portions, and clean in others, in 1 case; clean, and afterwards coated, in 1 case; coated, excepting at tip, which is red and glazed, in 1 case; clean and raw appearance, in 1 case; furred, in 1 case; slightly furred, in 4 cases; coated, in 3 cases; thickly coated, in 1 case; not mentioned, in 6 cases.

Average period of patients remaining in hospital after the appearance of the eruption, 9 5-6 days.

Note.—The patients were generally sent to their quarters some days before they were returned fit for duty.

Of the Remedies employed.—As the patients were not subjected to different methods of treatment with a view to test their relative efficacy, the following statement of the remedies employed will only be interesting or important as completing, after the same plan, the history of these cases. They may be arranged under two heads:—1st. Those administered before or at the commencement of the eruption; 2d. Those administered in the progress of the disease after the eruption.

1. Remedies before or at the Commencement of the Eruption.

Average length of Time
in Hospital.

An emetic of ipecacuanha, gr. xxx., was administered in 9 cases,	8½ days.
Do. in combination with prot. chlo. hyd. grs. viii., in 3 cases,	15½ "
Do. in combination with prot. chlo. hyd., grs. x., in 1 case,	6 "
Sulphate of magnesia, ʒi., in 2 cases,	7½ "
Oleum ricini, ʒiiss., in 1 case,	7 "
T. lobelia, in 2 cases,	10 "

Venesection, in 1 case,	8 days.
S. quinia for paroxysm of intermittent fever, in 2 cases,	10 "
Calomel and jalap, aa grs. x., in 1 case,	7 "
S. magnesia, 3 vi. and emp. vesicat. to chest, in 1 case,	9 1/2 "
No prescription, in 1 case,	8 "

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2. Remedies employed after the Eruption.

Dover's powder, grs. iv., 3 times daily, was prescribed in 12 cases. Syrup. scillæ and vin. ant. aa 3 i., 3 times daily, in 16 cases. S. magnesia repeated in dose of 3 iv. every six hours until operation, in 6 cases. Venesection, 3d day after eruption, in 1 case. Mustard cataplasm to neck, in 1 case. Vesication of neck, in 7 cases. T. lobelia as an expectorant, in 1 case. Vin. ant. in dose of 3 i. 3 times, in 6 cases. Vin. ipecac. 3 i. 3 times, in 1 case. Emetic ipecacuanha repeated, in 1 case. S. morphia and spts. nitre dulc., in 1 case.

Buffalo, July 14th, 1840.

AUSTIN FLINT, M.D.

INFLAMMATION OF THE DIGESTIVE TUBE IN PUERPERAL WOMEN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My apology for troubling you again is this:—Soon after I commenced the practice of medicine (in 1830), a severe and frequently fatal disease made its appearance among pregnant and nursing females. The symptoms developed were new, and from my previous reading I had no clue by which to ascertain their nature, or the pathology of the disease. In this dilemma I extended my inquiries among authors, but the investigation was altogether unsatisfactory, as I found no accurate delineation of this disease, or guide for the administration of suitable remedies. I then resorted to my professional brethren, in hopes of obtaining from them the requisite information. The views of the medical gentlemen with whom I had an opportunity of conferring on this subject, or a majority of them, were that the affection of the mucous tissues should not be considered an idiopathic disease, but symptomatic of structural or organic lesion of the liver or spleen. This being the ultimatum of my inquiries and investigations, I proceeded, *secundem artem*, to use mercurials to salivation, followed by mineral acids and tonics. I pursued this course until (I honestly think) several constitutions were very much shattered, if not permanently injured. My cases required an unusual quantity of the protochloride of mercury to affect them, and the consequence was severe pyalism and protracted convalescence. A few cases served to satisfy me that there must be an error in the above views, and that it might be in the pathology, or the treatment, or possibly in both.

I renewed my investigations at the bed-side of my patients, determined to let the symptoms speak for themselves, and be guided by the result. I found invariably that the first symptom was an affection of the mucous membrane of the mouth and fauces, and that it gradually extended to the stomach and bowels, in many cases without affecting the

spleen or hepatic organs at all. The conclusion was inevitable, that the remedies should be astringent and tonic, with laxatives and occasionally other remedies to correct accidental symptoms or complications. Under these impressions I made use of acetate of lead, cupri sulphas, and nitrate of silver, and, after the urgent symptoms were subdued, vegetable and mineral tonics. Since this period, my patients have uniformly recovered; indeed, some that were thought to be beyond the reach of the ordinary plan of treatment. I had purposed, some time since, giving publicity to the few facts which I had observed, connected with the history of this malady. On the appearance of Dr. Fuller's dissertation early in 1839 (see this Journal, Vol. XX. No. 7), proposing the same, or similar, treatment which had been successful in my cases, I abandoned the idea. However, on a more careful examination of his valuable paper, I find him advancing the same opinion concerning the pathology of this affection which prevails among my professional friends in this section of country, i. e. that it is necessarily connected with disease of the liver or spleen; and his history of the symptoms appears evidently to have been drawn from cases complicated with hepatic disease, or from the idiopathic disease in its secondary stages. His views concerning the causes of the disease are some of them, to say the least, quite problematical. I am also induced to believe that a more appropriate name may be found than the one used by Dr. Fuller. If we receive the opinions of Good, Halford, and others, as authority, we shall find marasmus anæmia, as described by them, a disease, to be sure, of bloodlessness and emaciation, but at the same time without any organic lesion, from commencement to close. In the one under consideration, however, the first symptoms are those of sub-acute or passive inflammation; if not checked or removed by appropriate remedies, inducing ulceration and emaciation, and ending in dissolution.

Symptoms.—In some cases during gestation, the mucous membrane of the mouth and fauces suffers from the disease, while the stomach and bowels perform their functions in a healthy manner. In the majority of cases, however, the symptoms are not developed until after the function of nursing is established. The first are burning heat in the mouth, in some cases dry, but more frequently attended with a profuse discharge of saliva, aggravated by sour or salt food. The appearance of the mucous surface of the mouth and tongue varies very much in different cases. Frequently there is general paleness, the tongue either furred or clean, generally tumid, so that the patient articulates with difficulty. In others, parts are pale, alternating with intensely red patches, the edges and tip of the tongue red, tender, with enlargement of the papilla. In others, again, these appearances are attended with aphthous ulcers upon the gums inside of the cheeks, or upon the under surface of the tongue. In some cases the tongue has a shining or glossy smoothness, mottled with pale and red patches.

During this stage of the disease, the appetite may remain good, and the circulation but little affected; the functions of assimilation and nutrition but slightly disturbed. After the above symptoms have continued for some time, gastric derangement takes place; there is severe pain in

the epigastric region, aggravated by taking solid food; a burning sensation, with acid eructations, loss of appetite, &c. In some cases great irritability of the stomach takes place, with sallow complexion, &c. Febrile symptoms appear, by heat of the surface, thirst, frequent pulse, and constipation; the countenance generally pale, anxious, and indicative of suffering, with depression of spirits, nervous tremors and palpitation. If the patient is neglected or badly treated, the disease continues its ravages into the bowels, and diarrhoea takes place. The dejections vary exceedingly in different cases; in some, the appearance is nearly healthy, attended with an increased quantity of the ordinary secretions from the bowels. In others they are dark, pitchy, or green, and highly fetid; while in others they consist of fluid feces, mucus and blood, and undigested food. If the disease is allowed to progress, or remedies fail to alleviate it, the pulse becomes permanently increased in frequency, ranging from 100 to 140 per minute; occasional palpitation and dyspnoea; great heat of the surface; burning heat and pain in the mouth, fauces and stomach; intense thirst, anorexia, and frequently unconquerable vomitings; epigastric soreness, with a sense of exhaustion or sinking; the bowels tumid, and tender on pressure; the cellular tissue of the abdomen and lower extremities becomes infiltrated with serum; the countenance pale, bloated, and of a waxen or leaden hue; emaciation continues, and death closes the scene.

Causes.—Perhaps the most candid way to dispose of this subject, would be to say we know but little about it. It has been remarked that this disease is confined to females in the pregnant and puerperal state. This, however, is not the fact. I have observed a disease, of a precisely similar character, run through all its stages and terminate fatally, in the male subject—a single case of which I shall forward you with this paper.

A residence (see Dr. Fuller, *ut supra*) on the sea-coast is not necessary for its development, as it prevails quite as extensively in the interior as upon the borders of the Atlantic. I have witnessed its prevalence in the highest and most salubrious districts in this section of country (western New York), as well as in the low marshy situations.

Again, it affects the opulent and well-fed, as well as the poor and destitute; and, upon reflection, I think a majority of the cases will be found among the more elevated ranks of society. I have seen the disease developed in females of good constitutions, and those who had never suffered from any local affection whatever previous to gestation; and frequently in broken-down constitutions, from too frequent gestation, hepatic obstruction, splenic engorgement, &c. It is this latter class of cases, apparently, which has led physicians to suppose a necessary connection between lesions of the digestive organs and the affection of the mucous tissues of the digestive tube. We believe, however, that a careful survey of all the symptoms will render it apparent, to the candid inquirer, that they should be regarded as complications, or accidental or symptomatic lesions of structure, or disorder of functions, supervening upon the primary disease.

Treatment.—While the disease is confined to the mouth, we should

use gargles, ferri sulphas, with laudanum or solution of nitrate of silver, and give laxatives of rhei and sulphur. Let the patient drink lime water if there is loss of appetite, with costive bowels, and give occasionally a calomel cathartic. If the patient is a nursing female, and debilitated, the oxide of bismuth or the sulphate of iron may be used freely; the diet mild and nourishing, with mucilaginous drinks. When we find the gastric mucous membrane suffering, the patient sallow, with loss of appetite, and nausea, with frequent rejection of the contents of the stomach, give an emetic of sulph. zinc and ipecac., followed by cal. and rhei in sufficient quantity to move the bowels freely; then, in addition to the above remedies, use the nitrate of silver in one third or half-grain doses, from three to six times in 24 hours, as the urgency of the case may require. Pustulation with tartar emetic over the region of the stomach, or the nitro-chloride acid bath, may be used.

If we find ourselves prescribing in the third stage, and the patient is suffering from the exhausting discharges from the bowels, persevere in the use of the nitrate of silver, and also use it with laudanum and mucilages as an enema twice or three times in 24 hours. Blisters over the region of the bowels will be very useful; infusion of rhei and soda carbonas, and occasional doses of creta preparata, may be used as adjuvants to the above remedies.

The above treatment has been uniformly successful in the simple and unmixed cases. Where the case is complicated, by the patient's having suffered from chronic disease of the liver and spleen, or those organs sympathizing with the primary malady, there must be a corresponding variation in the treatment, or additional remedies made use of. In those cases where the symptoms indicate a previous or symptomatic affection of the liver, continue the above-mentioned remedies, and with them use the blue pill, or, what may be considered still better, the extract of conium maculatum in from two to five-gr. doses twice or three times in 24 hours. Blisters over the region of the liver and stomach alternately are very necessary. In the next variety of cases, involving the spleen, preparations of iodine may be used with great benefit, and here external applications will be equally applicable as in the former case.

Thus I have endeavored to give a brief sketch of the appearances in this disease as they presented themselves at the bed-side of the patient—and the therapeutic means which have been uniformly successful in my practice, when timely administered. I have only to offer a very brief history of two post-mortem examinations, when I shall have done.

Mr. S. K., a citizen of this place, was attacked in the fall of 1836 with sore mouth. I found the whole buccal membrane was extremely pale, and spotted with intensely red patches, attended with a burning pain and an increased secretion of saliva. These troublesome symptoms generally lasted from three to seven days, when they would disappear, and not return for three or four weeks; and continued so to return for 18 months. (This tendency to periodical attacks I have witnessed in the case of females frequently. In some cases there were four or five weeks intervals, in others longer periods.) During this time his appetite was good; his bowels at times irregular; a large share of the

time, however, his bowels were natural. He continued during this period to attend to his ordinary business (farming), but he resorted to various domestic remedies, such as bitter and astringent roots. The disease, notwithstanding, continued its ravages into the stomach and bowels. In September, 1838, he was attacked with diarrhœa, which resisted purgatives, anodynes and astringents. The burning pain and discharge of saliva from the mouth, and the epigastric uneasiness, were increased. He however continued taking such remedies as his friends advised, until January, 1839, when he consulted a physician, who gave him blue pill, and a preparation of opiated tinct. camphor, with either magnesia or creta preparata, and tonic bitters in rum, to be taken several times in 24 hours. The above course was pursued two months; his appetite being good, was unrestrained. The symptoms becoming aggravated, he applied to another physician, who restricted his diet to mush and milk morning and evening, and scalded milk and bread for dinner. The quantity allowed him was small—I believe between two and three pints daily. The medicinal part of the prescription consisted of syrup of sarsaparilla, a wine-glassful three times a day, and liberal doses of a solution of hydriodate of potash. He followed the above prescription two months, and sank more rapidly than under the preceding course.

Under these circumstances I was called to take charge of him in May, 1839. Appearance extremely pale and emaciated; pulse regular, but small and very weak; tongue smooth, pale, with a glossy or glazed appearance; edges and tip red; heat of the surface nearly natural, except in the hypogastric region it was steadily above the natural temperature. There was considerable tenderness, also, in this region. Diarrhœal discharges of healthy feces, mucus and blood. I made use of cupri sulphas, in 1-6 gr. doses, with opium and gum arabic, four times in 24 hours; oxide bismuth and lime water, with blisters to the hypogastric region; nourishing diet, with mucilages, and, finally, used the nitrate of silver in liberal doses by the mouth, and also by enema with laudanum in elm tea. He rallied, and for a few weeks appeared to be improving. He relapsed, however, and died early in September.

Autopsy.—On laying open the abdominal cavity, the viscera in situ appeared perfectly healthy. The peritoneum reflected over the intestines, the liver, pancreas and spleen were minutely examined, and were found perfectly healthy, as were also the kidneys and urinary bladder. The stomach was carefully removed, and emptied; it was healthy, except a patch the size of a dollar, near the pyloric extremity, which had a brownish appearance, which could not be washed or scraped off; also an injected state of the bloodvessels in its immediate vicinity. The ascending transverse and descending colon were next removed, and opened in the most gentle manner. The contents of the colon were mostly mucus, and possibly pus, though I could not decide with certainty whether pure pus was mixed with the mucus or not. Thickening of the mucous surface had taken place throughout its whole extent, except about two inches of the caput coli, which appeared healthy. The bloodvessels were increased, both in size and number, to such an extent that this membrane had a deep red or ma-

hogany appearance. In the descending portion, abrasion had taken place in a number of places; the ulcers mostly presented a ragged surface; there were but two or three that were of a circular form. The duodenum healthy; the upper third of the jejunum presenting a red or mottled appearance, with slight thickening of the mucous surface in several patches; the lower two thirds, together with the whole of the ileum, presented a uniform deep red or brown appearance, an almost continuous thickening of the inner coat, but no well-defined ulcers.

I have recently had an opportunity of examining the body of a female who died soon after delivery, from an acute disease unconnected with the one under consideration. She had suffered from this disease, affecting the buccal membrane, for six months preceding delivery. I examined the liver, spleen and stomach, its mucous surface, and also the bowels; they were, to every appearance, healthy throughout.

West Henrietta, N. Y., Aug. 4, 1840.

ROBERT KELSEY.

REPORT OF THE BOSTON LUNATIC ASYLUM.

[Communicated for the Boston Medical and Surgical Journal.]

DR. BUTLER says, "There are those whose malady seems past medical treatment. As to the 'incurable or not cured,' public sentiment has yet to advance."—"To superficial observers, many among insane people, &c., seem in health, whose indispositions are apparent only periodically, to a watchful eye. Careful record of such periodic appearances shows that they occur with considerable regularity; so that precautions may be applied to modify and prevent them, and improve the sufferer's condition.—Many people, considered even by themselves in health, notice great variety in their feelings, alternations of liveliness and languor, tranquillity and restlessness, heat and chilliness, inconstancy of appetite, &c. These seem indications of crises or revolutions, and, duly respected, may lead to salutary, conservative regimen. An important part of this, among insane people, is the maintaining them in constant occupation, to divert their melancholy, to attract and fix their attention to other objects. They are in many respects like persons returned to childhood, in occupation of which the devices are various and easy, but indispensable to comfort and advancement.

Wm. Cowper, the melancholy poet, wrote, "April 11th, 1788—A vacant hour is my abhorrence; when I am unoccupied, I suffer under the whole influence of my unhappy temperament. There is hardly anything that I have not proved, however beneficial it may have been thought by others, utterly useless in my case, except perpetual employment.

A mind quite vacant is a mind distressed."

Cowper was eight months in Dr. Cotton's Asylum in St. Albans, Eng., and a year more in his family, convalescent. Eight years after his recovery, the malady recurred and lasted seven years more. The principal part of the interval he had been unoccupied. On his second

recovery he was prevailed upon to turn his thoughts to regular occupation in writing; thence he enjoyed sufficient quiet and satisfaction. During his ailment, his principal pleasure seemed to be contrast of his afflictions with others' comforts. He satisfactorily occupied himself with hares, pigeons, robins, goldfinches, a kitten, a leach as a barometer, electricity, and a green-house.

Insanity sometimes seems to have coëxisted with a condition occult, inexplicable, and inaccessible to medical agency. Cowper says, "At 21 I was *struck* with such dejection of spirits as none but those who have felt the same, can have the least conception of: 12 months after, on a *sudden*, as if another sun had been kindled that instant, on purpose to dispel sorrow and vexation, I felt the weight of all my misery taken off; my heart became light and joyful in a moment; not by gradual dawning of peace, but as it were with a flash."—"In about a year, an hour after my devoted brother's arrival, madness actually seized me; the sensation was as if a heavy blow lighted on my brain, without touching the skull." His "*Ice Islands*" was a versification, March 12, 1799, of a circumstance read to him a few weeks before and apparently unnoticed by him. He thus expresses this "unsearchable obstruction in the finer parts of the frame:"

"Man is a harp, whose chords elude the sight,
Each yielding harmony disposed aright;
The screws reversed (a task which, if he please,
God, in a moment, executes with ease),
Ten thousand times ten thousand strings at once go loose;
Lost, till He tune them, all their power and use."

One of our respected citizens, subject to great changes of spirits, receiving a blow on his head by a falling curtain, was seized with a sensation of pressure on the brain, which continued several months, attended with much agitation and melancholy. The sensation disappeared instantaneously and unaccountably, and his cheerfulness and calmness at once returned.

"Capt. —, æt. 38, after sudden great loss of property, almost instantly lost his reason: 2 years after he was placed, in that state of insensibility, in York Asylum, Eng. For nearly thirty-one months after, he never expressed desire for food; for six weeks it was necessary to feed him as an infant. Food, medicine, everything, were alike indifferent to him. An attendant undressed and dressed him, conducted him to a seat in the common parlor, where he staid all day, his body bent, and eyes fixed on the floor. He seemed converted nearly into a vegetable.—Four years and nearly seven months after his seizure, on entering the parlor, he saluted the convalescent patients with 'Good morrow to you all'; thanked the attendants, of whose tenderness he said he began to be sensible some weeks before, but had not till then resolution to speak. In a few days he wrote a proper letter to his wife, returned to her in a week, and soon after commanded a merchant ship."

Note.—Cowper's last lucid interval continued 12—14 years, embittered by pecuniary straits and the reflection that he had "mispent three years in an attorney's office, and several more in the Middle Temple, being the most valuable years of" his life, and followed by recurrence

of his ailment, which lasted six years, till his death, April 25th, 1800. Of the two medical friends who ministered to his sufferings, it is recorded, as an example to those who undertake such high and sacred functions, "They were such guardians as the peculiar exigences of his situation required—fulfilling a delicate, arduous office, requiring unvaried tenderness, unshaken fidelity. A man who wanted sensibility would have renounced the duty. A man endowed with too much of that valuable, perilous quality, must have felt his health undermined by excess of sympathy with sufferings perpetually in his sight."

As to publication of suicides and other "records of crime," Cowper wrote, July 12, 1784, what has often been repeated, but not sufficiently regarded—"I consider Hume's Essay on Suicide to be licentious, presumptuous, infatuated, blind, silly, unprincipled, palpable sophistry; if true, it would justify general murder." If he is called "coward," who fails to defend himself, what passing ignominy is his who slinks from protection of the tender ones whom he has exposed to the chances of life!—As to cruel, odious, disgusting subjects, Cowper writes, June, 1788, "I feel so hurt in spirits the moment I enter on contemplation of them, I determine absolutely to have nothing to do with them. When man is active to disturb, there is such meanness in design, and cruelty in execution, I hate and despise it, and feel it a degradation to be employed in description of it." Cowper seemed aware that the publication of monstrous deeds is often followed by repetition of them. The Kinney affair, among us, followed closely upon the publication, in our newspapers, of Maria Capelle's sending to her husband a cake, &c., made with her own hands, and drugged with arsenic. The disgraceful history of Lardner is said to have been followed here by something of like character. Courvoisier said he "was instigated to murder Lord Russell by the story of Jack Shepard." That powerful engine, the press, is not to be used on all occasions, nor without due consideration and reserve.

G. P.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 2, 1840.

DEATH OF DR. PERRINE.

THE name of this gentleman is familiar to men of science in the United States. For many years he resided at Campeachy, in the capacity of American Consul—and during his residence there, conceived the idea of the feasibility of introducing tropical plants and fruits into those parts of Florida which had been considered utterly useless for any agricultural purposes. By indefatigable perseverance he succeeded, about three years ago, in obtaining a grant from Congress, of a tract of land, six miles square, on which his experiments were to be conducted on a scale sufficiently ample to test most fully the plan he had been many years maturing. The collection, belonging to the vegetable kingdom, which had been

selected with extreme care while discharging the responsible duties of Consul, was transported to Indian Key, and the prospect of complete success was continually brightening. About two years since Dr. P. visited Boston, among other places at the North. The urbanity of his manners, the vast fund of useful knowledge he had acquired, and the excellent traits of character that were always manifested, gave him a ready passport to the best informed society in this metropolis. An unremitting correspondence maintained with him from that period to the present time, is an evidence of the value we placed upon his acquaintance. He was as familiar with medicine as other subjects, as may be inferred from various communications to the pages of several leading scientific periodicals. In short, he was an intensely industrious and benevolent man, who could not be happy unless he was exerting himself to better the condition of others. He was also a scholar, and the expectations of those who knew him as such, will suffer a severe loss.

We recollect conversing with him on the personal danger to which he must necessarily be exposed, on account of the frequent descent of hostile Indians upon the defenceless settlements on the Florida Keys; but he entertained no apprehensions of trouble from that source. It seems, however, that in the early part of August, a large party of savages stole in upon Dr. Perrine's settlement, Indian Key, and massacred several of the unoffending, helpless inhabitants, and completed the horrible tragedy by burning many dwellings. After Dr. Perrine's house was attacked, in which was Mrs. Perrine with three children, besides himself, he went to the cupola to speak with the murderous assailants in Spanish. He was instantly shot dead with a rifle ball. The family finally escaped; but as Dr. Perrine was never seen afterwards, it was presumed that his body was burned with the house.

While we deeply sympathize with the afflicted family in this truly melancholy event, we also deplore the void which the death of Dr. Henry Perrine must necessarily make in the scientific world.

Jefferson Medical College.—A very full and complete scheme of the coming lecture season in this persevering school of medicine, is before the public. A formidable catalogue of the graduates is appended to the circular, which indicates the interest that has been manifested since the organization of the Jefferson Medical College, by those who made their own selection amongst several institutions devoted to the same pursuits. In looking over the names of the faculty, no alteration seems to have been made since the last year. There are six professors, alike distinguished for their high professional attainments, their suavity of manners, and devotion to the cause of medical science. One advantage, referred to in the address of the Trustees, must certainly have considerable weight on the minds of gentlemen who visit Philadelphia for the purpose of attending medical lectures. "The Pennsylvania Hospital, that magnificent establishment," says the circular, "founded by the munificence of the immortal William Penn, and having for its medical officers some of the most distinguished members of the profession, is open to them. The Philadelphia Hospital, which receives in the course of the year upwards of 2000 cases, and has for its medical officers the professors of the University and of the Jefferson Medical College, is by the intelligence and liberality of its managers rendered subservient to their improvement."

Willoughby University.—Among the notices we are accustomed to give, from year to year, of the various schools, by way of assisting students, who are thus enabled to make a selection according to their own individual conception of the fitness of things to meet their particular wants, the Lake Erie Medical Institution of Willoughby University has a claim to a place. Drs. Trowbridge and Delamater are there—and that is enough to inspire confidence, even were this the first effort of the University. A long course of life, laboriously devoted to the responsible business of preparing others to heal the sick, has given these gentlemen a station in the professional ranks of our country which a few only have the happiness to secure.

"The college-building is a brick edifice, 60 feet square, three stories high, with a basement; consisting of three lecture rooms, five professors' rooms, a dissecting room 100 [?] feet by 20, well lighted and very convenient, an anatomical museum room, and one for a general museum, 60 feet by 40, with a library room, &c," which is certainly sufficiently ample for two hundred students. It will be recollected that this University is located in the town of Willoughby, Lake County, in the State of Ohio.

India-rubber Cushions.—Mr. James Dyer, of Washington street, Boston, has devised an article for the special use of physicians who prefer a carriage to the saddle, which commends itself to the patronage of all who have looked into its peculiar merits. It is nothing more nor less than an air-tight cushion made of India-rubber cloth, having a tube for inflation, like the common life-preserver, enabling the person who uses it to graduate the thickness according to his pleasure; and is, therefore, admirable also for the library chair. Very many practitioners of late have adopted this as altogether superior to curled hair, spiral spring or rattan cushions. The delightful elasticity of this invention admits of no description: to be understood, it must be tried. With this kind of seat, even were the carriage body placed upon the axletree, without the intervention of springs, a complete substitute would be found in Mr. Dyer's contrivance, which is really worth the speedy notice of gentlemen who ride extensively in country practice.

Hydrostatic beds, as well as air-beds, manufactured by this same ingenious citizen, it is presumed, are well known to the public. Since they are important to some classes of patients, from the manner in which they adjust themselves to every line of the body, it may be doing invalids good service to have it generally known to their medical attendants that orders for them are executed in Boston, with promptitude.

A New Abdominal Supporter.—It has seemed impossible that any improvements could be made in these useful instruments. But all at once Dr. Fletcher, known as the inventor of a truss, has brought forward a new supporter that is really a beautiful article. Having hardly had an opportunity of becoming familiar with its construction, it cannot be expected that we should be prepared to form an opinion of the merits of the invention. Dr. Fletcher is manufacturing them extensively, which shows that he has perfect confidence in the mechanical advantages this has over any which have preceded it. We may be able hereafter to speak with more decision in regard to the matter.

Preservation of the Teeth.—One of the neatest little volumes that has lately emanated from the Boston press, was left at this office at the close of last week, bearing the following title, viz.: "*Preservation of the Teeth: a family guide; being familiar observations on their structure and diseases, with practical illustrations and engravings—embracing the modern improvements in dentistry.* By David K. Hitchcock, Surgeon-dentist." A want of room prevents a more extended notice of the contents to day.

Gravel and Stone.—A very few young people generate gravel and stone before puberty; and are subjects of operation, but not always radically cured. Is the rapid increase of the mass owing to diet and drink? Free use of low wines, cider and fermented liquors, seems to aid in formation of gravel and stone. I think pure vinegar, vinegar of low red wine or strawberries and water, or artificial preparations of it, seem not so to aid. I believe that steady potations of good water, substituted for wine, cider and beer, and all fermentable, fermenting drinks, without total abstinence from moderate use of ardent spirits, carry off the elements of gravel and stone.—Do adults suffer from such moderate use? I do not see that gout commonly follows frequent use of whiskey. Geo. Barrington, in his voyage to New South Wales, says, "In Sneeuwburg, Cape of Good Hope, almost all the inhabitants have gravel, and in beasts, wild and tame, quantities of stone or sand are often found."

SENEX.

Cambridge, August, 1840.

Cure of Strabismus.—M. Jules Guerin announces, in a letter recently addressed to the Academy of Sciences, that he has performed Dieffenbach's operation for the cure of strabismus in four cases with success.

I had long ago established, says M. Guerin, and publicly professed, that strabismus depends on retraction of the muscles of the eye, and that its various forms depend on the different degrees of retraction, variously affecting the different muscles which move the eyeball. This is a simple application of my theory of the deformities of the joints in general, which elicited from a distinguished member of the Academy, the quaint, but just remark, that squinting was the club-foot of the eye. In accordance with this theory, I had proposed to extend to the eye the section of its muscles, a practice employed by me in the treatment of deformities in general; the mode of operating which I have adopted, differs slightly from that of Dieffenbach; the results have been advantageous, but not immediately so: in one case only did the eye become quite straight soon after the operation; in the others there was merely an amelioration, and this circumstance appears to me to be a natural consequence of the true origin of squinting.—*Journal des Debats.*

Emetics of Ipecacuanha in Hemorrhage.—Dr. Osborne states that this treatment in menorrhagia has never as yet failed in his hands, except when the progress of the case afterwards proved the formation of scirrhous or cancerous structures of the uterus. "The remarkable effects of emetics of ipecacuanha in restraining hemorrhage," he adds, "is not confined to this organ. In a case of violent epistaxis, in which several remedies were ineffectual, I tried it while preparations were going on for plugging the posterior nares, and with success, so as to render that measure unnecessary. In hemoptysis, I am unable to add to the facts already

known respecting its efficacy, being of opinion that hemorrhage from the lungs is always salutary, and that the practice of giving the mineral acids, &c., to discourage it in phthisis is injurious. A very considerable benefit is generally perceptible, after the vessels of the diseased lung have been unloaded by this discharge. When, however, a violent hemorrhage takes place from the lungs, and blood is expectorated in such quantities as to endanger life, then all our efforts must be directed to its suppression. In a late case (not phthisis) I failed with the emetic, but as I lost sight of the patient subsequently, I am unable to pronounce as to the cause of the hemorrhage, and therefore as to the cause of the failure."—*Dublin Journal of Medical Sciences.*

TO CORRESPONDENTS.—Dr. Woodward's Statistics of Insanity, &c., are received, and will be inserted in an early number.—H. I. B.'s review will probably be commenced next week.

MARRIED.—In Charlestown, Mass., Dr. Harvey E. Clap, to Miss Priscilla Crocker.—In Boston, Henry Bigelow, M.D., to Miss Matilda A. Pool.

DIED.—In Worcester, Mass., Dr. Stephen T. Coe, 25, formerly of Portland, Me.

Number of deaths in Boston for the week ending Aug. 27, 56.—Males, 36—females, 30.

Of consumption, 2—cholera infantum, 5—typhous fever, 5—inflammation of the bowels, 6—dysentery, 8—causality, 1—hemorrhage of the lungs, 1—smallpox, 1—lung fever, 1—cholera morbus, 1—liver complaint, 1—sudden, 1—debility, 1—fever, 1—apoplexy, 2—dropsy in the head, 1—infantile, 4—brain fever, 1—dropsy, 1—hooping cough, 2—marasmus, 2—convulsions, 1—child-bed, 1—intemperance, 1—dropsy on the brain, 1—teething, 2—croup, 1.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

The regular Lectures will commence on the first Monday of November.
The following are the professors, in the order of their appointment:—

1. JACOB GREEN, M.D., Chemistry.
2. GRANVILLE S. FATTISON, M.D., Anatomy.
3. JOHN REVERE, M.D., Practice of Medicine.
4. ROSELY DUNGLISON, M.D., Institutes of Medicine and Materia Medica.
5. ROBERT M. HUSTON, M.D., Obstetrics and Diseases of Women and Children.
6. JOSEPH PANCOST, M.D., Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professors of Institutes of Medicine and Surgery; and at the Dispensary of the College under the Professors of Physic and Surgery.
Philadelphia, July 15, 1840. A. 26.—tN1 JOHN REVERE, M.D.,
Dean of the Faculty.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers continue to receive pupils, and to afford them every facility for obtaining a complete medical education.

Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to the lectures on Anatomy and the operations in Surgery at the Medical College during the winter. They will also have frequent opportunities for attending private surgical operations and the occasional attendance on obstetric cases.

Instruction will be given by examinations and lectures during the intervals of the public lectures at the University. Particular attention will be given to the prosecution of practical anatomy and surgery.

A room is provided with books, fire and lights, at the expense of the instructors.

For admission, apply at the School, No. 4 Winter street, or at No. 2 Park street, between the hours of 12 and 2.

Boston, July 20, 1840.

A 5

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

Boston, August 19, 1840.

WALTER CHANNING,
GEORGE W. OTIS, JR.

MEDICAL LECTURES IN BOSTON.

The Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	Prof. CHANNING.
Natural History and Clinical Medicine, by	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Prof. HATWARD.
Chemistry, by	Prof. WEBSTER.
Theory and Practice of Physic, by	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased.

WALTER CHANNING, Dean.

Boston, July 6, 1840.

July 15—1N1

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual course of Lectures, for the term of 1840-1, will commence on Thursday, October 1, and continue during winter.

Chemistry and Pharmacy, by	BENJAMIN SULLIVAN, M.D. LL.D.
Theory and Practice of Physic, by	ELI IVER, M.D.
Natural History and Therapeutics, by	WILLIAM TOLLY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY F. BERRY, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.

Fees for a full course, \$75, to be paid in advance. No dissection fee is required, nor any contingent expenses, except a reasonable charge for subjects, which are abundantly supplied.

Yale College, New Haven, July 17, 1840.

July 22—St

CHARLES HOOKER, Sec'y.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.	JACOB BIGELOW, M.D.	JOHN RANDALL, M.D.
EVYNGER WYMAN, M.D.	WALTER CHANNING, M.D.	ENOCH HALE, M.D.
GEORGE C. BRATTLE, M.D.	GEORGE HATWARD, M.D.	JOHN WARE, M.D.

At the annual meeting of the Committee on Wednesday, August 6th, 1840, the Boylston premium of fifty dollars value was awarded to W. W. Gerhard, M.D., of Philadelphia, for a dissertation on "the pathology and treatment of typhus and typhoid fever," with the motto, "Je sais que la verité est dans le chaos, et non dans mon esprit que les lois." The other Boylston premium of the same value was adjudged to Joseph Sargent, M.D., of Worcester, Mass., for a dissertation on "the pathology and treatment of medullary sarcoma," with the motto, "On chaos in nature; on no in divine power."

The following prize questions for 1841, are already before the public, viz. 1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?" 2d. "The structure and diseases of the teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1841.

The following questions are offered for 1842. 1st. To what extent is the human system protected from smallpox, by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?" 2d. On the diseases of the kidney, and the changes which occur in the appearance and composition of the urine, in health and in disease."

Dissertations on these questions must be transmitted as above, on or before the first Wednesday of April, 1842.

The author of the best dissertation on either of the above subjects, will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of newspapers and medical journals, throughout the United States, are respectfully requested to insert the above notices.

Boston, Aug. 6, 1840.

A 12.—41

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAFF, JR., at 194 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

W. H. Whipple